

Regulation

STUDENTS

7101.1

MEDICATION AUTHORIZATION FORM

To be completed by the students Licensed Healthcare Provider

Student Name:	DOB:
Diagnosis:	
Medication Prescribed:	
Dosage:	
Time:	
Duration: (All authorizations expire at the end of the school year)	

Licensed Prescriber – PLEASE CHECK ONE AND SIGN

- Child may self-administer with adult assistance.
- Non self-directed. Cannot self-administer.
- In my professional opinion this student should be allowed to carry and use the above medication themselves. **I attest that this student has demonstrated to me** that they can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency. This order applies to the medications checked below:

This student is diagnosed with: (please check one)

- _____ Allergy and requires Epinephrine Auto-injector
- Asthma or respiratory condition and requires Inhaled Respiratory Rescue Medication
- Diabetes and requires Insulin/Glucagon/Diabetes Supplies
- _____ which requires rapid administration of _____
(Medical Condition) (Medication)

Licensed Prescriber's signature: _____ **Date:** _____

Parent/Guardian –PLEASE SIGN

I request that my child _____, be permitted to carry their medication OR receive assistance if not self directed as their Licensed Prescriber has checked above. They have been instructed in and understands the purpose, appropriate method, frequency and use of the medications. It is understood that if there is irresponsible behavior or a safety risk, this privilege will be rescinded. Also, it is the responsibility of the parent to make sure the student has the medication available. Medication is to be furnished in a properly labeled original container from the pharmacy.

Parent/Guardian's signature _____ **Date:** _____

Watertown City School District

Approved by the Superintendent: 11/06/12, 05/22/13, 11/25/14, 06/09/17, 04/25/19*, 10/04/22*